

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CME/PAC, CHICAGO MERCANTILE EXCHANGE INC. PAC

Full Name (Last, First, Middle Initial)

A. Harry ReidMailing Address Friends of Harry Reid
P.O. Box 85223

City Las Vegas State NV Zip Code 89185

Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District:

Transaction ID: SB23.13794

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	7	

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Rely on Your Beliefs Fund

Mailing Address 1736 E. Sunshine

City Springfield State MO Zip Code 65804

Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Committee

Transaction ID: SB23.13781

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	7	

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pat RobertsMailing Address Pat Roberts for Senate
P.O. Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District:

Transaction ID: SB23.13783

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	7	

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)